

Overview of State Medical Cannabis Programs

As requested by the 2021 Mississippi Senate Public Health & Welfare Committee

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June 28, 2021

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How NCSL Strengthens Legislatures





Policy Research

NCSL provides trusted, nonpartisan policy research and analysis

NCSL takes no position on state policy or legislation.



Connections

NCSL links legislators and staff with each other and with experts



Training

NCSL delivers training tailored specifically for legislators and staff



State Voice in D.C.

NCSL represents and advocates on behalf of states on Capitol Hill



Meetings

NCSL meetings facilitate information exchange and policy discussions

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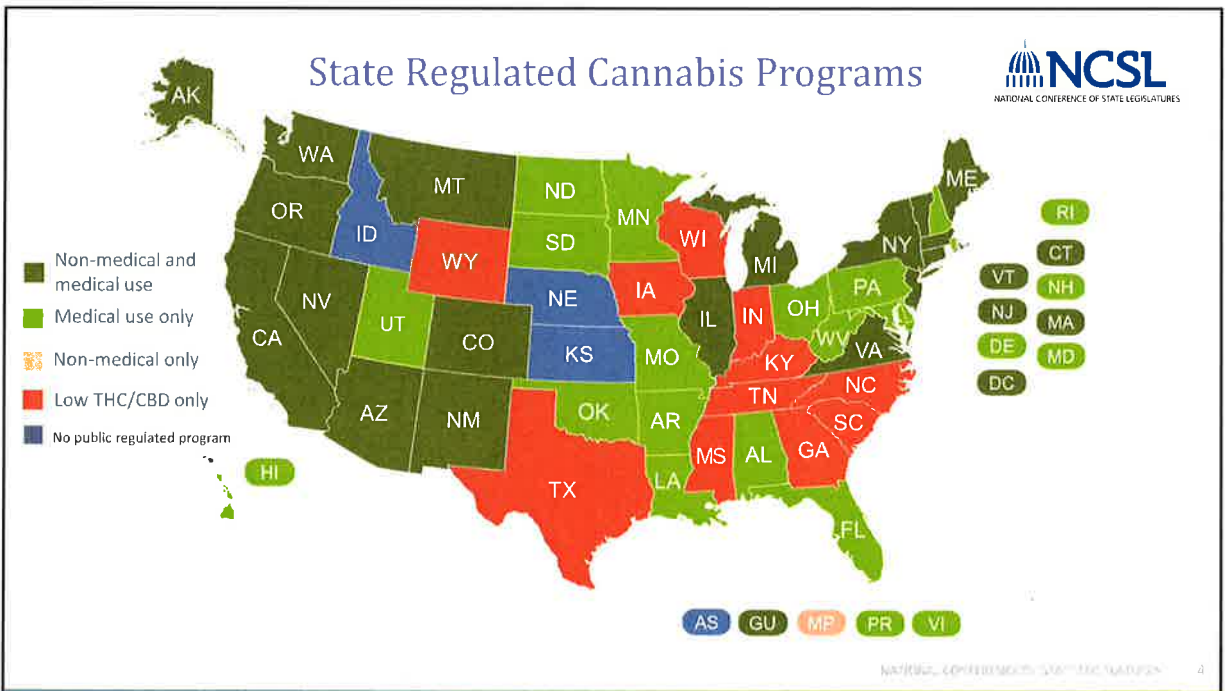
Legislators seek to learn and understand to inform their policy decisions.

A group of legislators and legislative staff tour a Colorado cannabis cultivation and processing facility. July 2019
Photo credit: Karmen Hanson, NCSL

- Overview
- Business licensing
- Qualifying conditions
- Provider referrals policies
- Purchase limits
- Home cultivation
- Local control
- Extra:
 - Employer rights
 - Testing

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Legislative Roles in Cannabis Regulation



- Drafting legislation or enabling language
- Creating rules/regulations or assigning responsibility of it
- Establishing fees, taxes, funding oversight and enforcement
- Oversight or assigning program implementation and evaluation
- Many states allow localities to regulate industry and control licensure, taxes, locations, etc...



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Regulators & Oversight: Medical use examples



Majority Single Agency

- Departments of Health: 20 states- most manage patient registries
 - 7 have advisory boards/commissions to add conditions
 - Dept. of Public Health: Iowa

Multiple Agencies

- Arkansas, Louisiana, Illinois, California (changing to single), Ohio, Utah
- Others
 - Medical Cannabis/Marijuana Boards or Commissions: Maryland, Vermont
 - Liquor or Cannabis Control Boards: Massachusetts (moved from Dept. of Health)
 - Boards of Pharmacy: Virginia
 - Department of Revenue: Colorado (Marijuana Enforcement Division) and Dept. of Public Health & Environment
 - Dept. of Consumer Protection: Connecticut
 - Dept. of Regulatory Affairs: Michigan



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State	Cultivator Application Fee/License Fee/Annual Renewal	Dispensary Application Fee/License Fee/Annual Renewal	Distributors, Transport, etc...	Notes
Arizona	\$5,000/\$1,000 renewal	\$5,000/\$1,000 renewal	Labs \$5,000/\$1,000	Med fees less than AU
Arkansas	\$15,000/\$100,000/\$100,000	\$7,500/\$15,000/\$22,500	\$500,000 performance bond required	
Colorado	Varies by size \$1,000/\$1,500/\$1,800-\$3,800+	\$5,000/\$2,000/\$1,800	Infused manuf. \$1,000/\$2,200/\$2,500 Transporter \$1,000/\$4,400/\$4,700	Employees are also licensed \$100/\$75 each Different fee scale for AU.
Minnesota	Only 2 licensed vertically integrated licenses \$20,000 app. fee	\$1,000/\$3000-\$12,000/Unk.		Limited to 2 cultivators
Montana	Vertically integrated by 9 tiers: \$500-\$20,000	Tiered by # of locations 1-6 or more \$500-\$100,000 each Provider license fees 1-10 patients: \$1,000, 11-50: \$2,500, 50+ \$5,000	Chemical manufacturing endorsement \$100	Employee badges \$10/yr.
North Dakota	\$5,000 non-refundable app fee/\$110,000	\$5,000 non-refundable app./\$90,000 refundable license/renewal fee		Employee badges \$200/yr.

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Medical Qualifying Symptoms and Conditions



There are over 100 identified symptoms or conditions covered by medical programs

Most common

- Seizure disorders
- Arthritis
- ALS
- Cancer
- Glaucoma
- HIV/AIDS
- Multiple Sclerosis/muscle spasms
- Pain/chronic or episodic
- Severe nausea

Less common

- PTSD
- Depression
- Anxiety
- Eating disorders
- Opioid replacement
- IBS
- As determined by professional opinion

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Medical Referral Process and Qualifications



Most common

- A “bona fide” relationship, exam or medical record review with a licensed in-state MD or DO.

Less common

- Dentist, naturopaths, chiropractors, advance practice nurses, nurse practitioners, medical examiner, anyone able to prescribe.

Education/CME requirement

- None or 1-8 hours, online, some fees or registration required.

Application fee/renewal schedule

- \$5-\$300 / 6 mo. – 3 yr.



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Medical Purchasing/Possession Limits



- 1 oz. – AK, MO, MT, OR (per day),
- 2 oz. – CO (medical), NH, VT (per 30 days), DC (per 30 days),
- +2.5 oz. – AZ, AR, CA, HI, IL, ME, MI, CT (or less), DE (3 oz. in 14 days), DC (4 oz. in 30 days), FL (2.5 in 35 days/4 oz. at any 1 time), MA (10 oz./60 days), MS (every 14 days), NV (every 14 days), NJ (3 oz. in 30 days), NM (8 oz. in 90 days), ND (per 30 days), OK (3 oz. on person), RI (2.5 oz./30 days), SD (3 oz. +),
- Varies: LA based-on dosage for patient, smoking not allowed
MA 1 oz. flower, 5g concentrate, 20 servings of edibles/100mg THC
MD 30-day supply, 120g useable product/36g of THC if infused
MN 30-day supply, whole plant not allowed
NY 30-day supply, ground plant limits
OH varies by THC and product
OK possession at home varies by product
OR 24 oz. flower, 16 oz. solid form
UT 113g flower or 20g THC
VA 90-day supply
WA varies between medical and adult by product per purchase



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Home Cultivation



Allowed in closed/locked facility~18 states

- Alaska- 6 plants
- Arizona- 12 plants if more than 25 mi. away from dispensary
- California- 6 mature/12 immature plants+
- Colorado- 6 plants/max 12 per home
- Connecticut- 6 plants/ 3 mature, 3 immature (starting Oct. 1, 2021)
- DC- over 21 years old - 6 plants, under 21 years old - no
- Hawaii- 10 tagged plants
- Maine- 6 mature/12 immature in enclosed, locked location
- Massachusetts- in limited cases
- Michigan- 5 plants in enclosed, locked location

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Home Cultivation



Allowed in closed/locked facility cont.

- Missouri- 6 plants w/cultivation registration
- Montana- 4 mature plants
- Nevada- 12 plants if more than 25 mi. away from dispensary
- New Mexico- 4 mature/12 seedlings w/permit
- Oklahoma- 6 mature plans and 6 seedlings
- Oregon- 6 mature/18 immature at registered grow sites for no more than 4 people
- Rhode Island- 12 plants/12 seedlings
- South Dakota- 3 plants or more by Dept. of Health
- Vermont- 2 mature plants in enclosed, locked facility

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Home Cultivation



Not allowed~ 17 states

- Alabama
- Arkansas
- Delaware
- Florida
- Illinois
- Louisiana
- Maryland
- Minnesota
- New Hampshire
- New Jersey
- New York
- North Dakota
- Ohio
- Pennsylvania
- Utah
- Virginia
- West Virginia

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Additional Characteristics

- Caregivers: typically allowed 1-5 patients per caregiver (growing or purchasing)
- Home delivery: 25 Yes
11 No, but some temporarily will for COVID
- ID cards required: Yes, through Dept. of Health/Human Services/Tax and some are voluntary
- Recognize other state IDs:
17 Yes- if like their program, with application or established reciprocity
19 No



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Differences in Programs



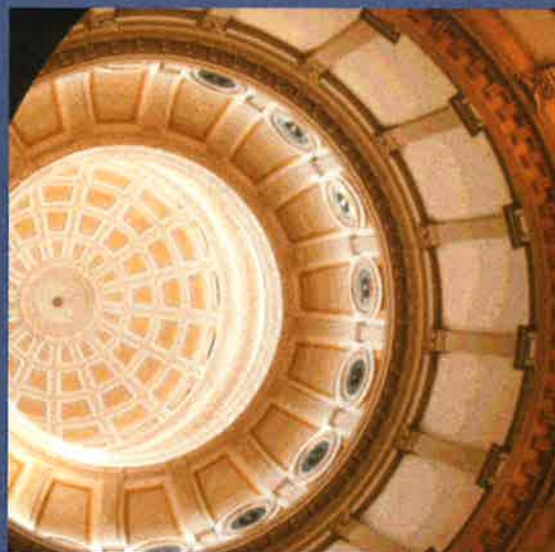
Products	Access	Purchases
<ul style="list-style-type: none"> Edibles, if allowed, may vary THC per dose or total package size Products available may vary in medical-only states vs. states with non-medical <ul style="list-style-type: none"> Strain varieties, more topical products, broader ranges of THC & CBD % for medical use 	<ul style="list-style-type: none"> Medical patients may be under 21 or 18 or 19 with guardian and physician(s) approval Non-Medical is only for adults over 21 	<ul style="list-style-type: none"> Patient purchases may be limited based on the weight of product, THC content or the type of product Taxes are typically lower for medical purchases because of excise taxes applied to non-medical compared to medical (typically only state/local sales tax or nominal additional fees)

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State Control Examples

- Typically states create "floor" not a "ceiling"
- Determine state licensing fees, general owner and employee requirements
- Testing requirements and lab certifications
- Packaging
- General parameters for locations and hours
- Advertising limits or requirements-also local control
- If not otherwise directed, amount of local control



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Local Control Examples



Localities may choose to opt-in or out
(if allowed by state)

Determine licensing fees, quantity, zoning,
operating hours, etc.

Local taxes and allocations

Advertising (signage, billboards, print, claims)

Social use and delivery (if allowed by state)

.... and other areas

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A Comparison: Utah and Oklahoma



Utah

- Qualifying conditions: 17+ petition on allowed
- Referring providers: 628 Registered MD, DO, PA, APRN, allowed to Rx schedule II, \$300/2 years, limited # of patients
- Purchases: 1 month supply, 4oz. flower or 20g THC of flower, pills, liquids, patches, topical, sublingual, lozenges
- Smoking not allowed and no home grow
- No state sales tax
- Business licenses: 42 pharmacies March 2021
- Registered patients: 23,089 as of March 2021 = 0.72%
- Chronic pain = 48% of cardholders

Oklahoma

- Qualifying conditions: Doctor's discretion
- Referring providers: Approx. 240 registered MD, DO, Podiatrists (not required)
- Purchases: 3oz. usable product, 1oz. concentrate, 72 oz. other products
- Smoking allowed, up to 6 plants home grow
- 7% gross receipts tax plus sales tax collected at sale
- Business licenses: Approx. 2000 dispensaries 2021
- Registered patients: 368,218 as of May 2021 = 9.31%

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Thank You

Have follow-up
questions?

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Data sources unless otherwise noted: State cannabis program data, ASA.org, MPP.org, NCSL research and state testimonies.



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- Nearly every state allows private businesses to make their own rules regarding consumption, use and drug testing.
- Nevada is an exception- requires any employer to allow the medical use of marijuana in the workplace as long as it does not pose a threat of harm or danger to persons or property.
- Maine does not allow employers to discriminate solely for off-duty use, but they are not required to accommodate use, possession or under the influence at work.
- Employers in industries with particular public health and safety concerns or those that receive federal funding follow federal law on the issue across all states.



Employer Rights

Generally able to set their own rules around employee use and possession on-site and being under the influence while working.

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What is Tested For?

- Potency
- Biological Contaminants
 - Water Activity/Moisture Content
- Pesticides
- Heavy Metals
- Residual Solvents
- Contaminants and Filth



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Product Testing and Accreditation



- Testing is the final verification that quality measures are working as intended to ensure products meet specifications for purity, consistency and strength
 - Confirm Regulatory Compliance
 - Ensure Product Safety and Consistency
 - Creates a Pathway for Investigation
 - Support Process Improvement
- Accreditation Standards provides confidence in data and product safety and trust between industry, regulators and consumers
 - ISO, NELAC, ASTM <https://www.astmcannabis.org/>

*Source: Testimony by Jeremy Applen, Vice Chairman, ASTM Committee D37 on Cannabis, March 2019

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